



**TRANSPORT WORKERS UNION OF AMERICA
LOCAL 570 • AFL-CIO**

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PHONE: (305) 610-9344 • FAX (800) 891-3145
<http://Twulocal570.com>

Maintenance / Fleet Service
Ground Support / Inventory Control

Name: _____ Date: _____
Report Month _____

EXECUTIVE BOARD

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UNION STEWARD MONTHLY REPORT FORM

1. **Have you represented anyone? Yes / No**
Employee _____
Issue _____

2. **Have you represented anyone regarding a CR1 discussion? Yes / No**
Employee _____
Issue _____

3. **Have you represented anyone regarding the issue of an Advisory? Yes / No**
Employee _____
Issue _____
Grievance filed. Yes / No
4. **Safety Concerns. Yes / No**
Issue _____
5. **Briefly describe any complaints or concerns you are hearing from the members.**
Example: Problem with shift bid, extensions without proper notice. etc.

Have these issues been discussed with management? Yes / No

6. **Do you have any suggestions as to how this Local can better serve its members?**
Yes / No
If yes describe _____

